

gel

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Customer Number: 20277

Tomomi SANO, et al.

Confirmation Number: 4898

Application No.: 10/705,848

Group Art Unit: 3632

Filed: November 13, 2003. Examiner: Spector, David November 13, 2003.

For: OPTICAL DEVICE AND FIXING MEMBER USED IN THE DEVICE

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The following Amendment and Remarks are submitted in response to the Office Action dated November 29, 2004.

02/09/2005 RGRADEN 00000003 500417 01 FC:1201 200.00 DA

WDC99 1032614-1,050395,0235

18/705,848

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

, CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			14					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			14- minus 20=		· 6.			X\$ 9=		OR	X\$18=		
INC	DEPENDENT C	LAIMS	3-m	inus 3 =	Ø	8		X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ļ	TOTAL		OR	TOTAL	772	1
CLAIMS AS AMENDED - PART II											OTHER		
_	 	(Column 1)		(Colur	_	(Column 3)	,	SMALL		OR	SMALL	ENTITY	j
AMENDMENT A		REMAINING AFTER AMENDMENT	gagyyna yantaata oo adaa	NUMI " PREVIO PAID	BER DUSLY'''	PRESENT EXTRA		RATE	ADDI- TIONAL- FEE		RATE	ADDI- TIONAL FEE	ļ
	Total	. 9.	Minus	· 2	0	=		X\$ 9=		OR	X\$18=		
	Independent	- 4	Minus	***	3	= /		X43=		ОЯ	X86=	3000	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR.	+290=		
							. [TOTAL	***************************************		TOTAL ADDIT, FEE		
		(Column 1)		· (Colun	mn 2)	(Column 3)		ADDIT. FEE			ADDII. PEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	1 [X\$ 9=		OR	X\$18=		
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Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤			οc			
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ADDIT. FEE										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	•	Minus	**		.		X\$ 9=	.}	OR	X\$18=		
AME	Independent	*	Minus	*** .		=	ļſ	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Un			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+290= TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa iber Previously Pai	aid For IN THI	S SPACE IS	s less tha	n 3, enter "3."	^	DDIT. FEE			ADDIT. FEE		